

ACKNOWLEDGMENT OF VOLUNTARY INACTIVATION OF STATE EMS CERTIFICATION

109 Governor Street Madison Bldg., Suite UB-55 Richmond, Virginia 23219 1-800-523-6019 (VA only) 804-864-7600

FAX: 804-864-7580

The person named below has applied to the Virginia Office of EN provider certification status at the following level:		ATION of their Virginia EMS
First Responder EMT-Basic EMT-Paramedic	EMT-Enhanced EMT-Instructor	
NAME:	DATE OF REQUEST: _	/
ADDRESS:		
SS#/ STATE CERTIFICATION # _		(If different)
OPTIONAL INFORMATION: (Completion not required)		
Is maintenance of current certification at the above level a main membership/employment with this EMS agency? YES NC		ued
Is maintenance of current certification at the above level a mal capacity, position or job classification with this EMS agency? YE		ued service in a specific
PROVIDER ACKNOWLEDGMENT:		
Upon receipt of this acknowledgment, the EMS certification indicat of EMS records system. Once placed into INACTIVE status, the indicated INACTIVE level in any capacity which required this concerning EMS. However, INACTIVE status does not prohibit particle at the INACTIVE level.	ne provider will no longer be a certification level under the V	authorized to practice at the irginia Rules & Regulations
If the level requested to be INACTIVATED is an advanced life supposertification status as their highest authorized level of practice remainder of the INACTIVE certification period plus two additional	 Such EMT-Basic certification 	vidual will revert to EMT-Basic on shall remain valid for the
Once placed in INACTIVE status, such certification may not be re effective date issued by the Office of EMS.	einstated for a minimum perio	od of six(6) months from the
Applicant Signature:		
AFFILIATION INFORMATION: (To be completed by ea Submit a separate form for e		l Medical Director -
EMS Agency(ies) of Affiliation:		
Is this person currently practicing in a state licensed EMS age Director? YES NO	ncy(ies) for which you serve a	s the Operational Medical
If YES, what certification level is currently practiced:(check one) EMT-Shock-Trauma EMT-Cardiac E	First Responder MT-Paramedic EMT-I	_ EMT-Basic nstructor

(Continued over)

LEGAL/DISCIPLINARY RESTRICTIONS:

 Is this person's membership/employment currently under investigation, suspension or revocation by this EMS age YES NO
f YES, explain:
3) To your agency's knowledge, has this person EVER been convicted of a FELONY: YES NO
f YES, did this FELONY involve a crime of a sexual nature: YES NO
Operational Medical Director:
Printed Name Signature State OMD#
Phone number to contact above OMD: ()
Thank you for providing this information - Mail this form directly to the address above -
Do not return to provider for mailing.
OFFICE OF EMS USE ONLY
Date received:/ Date Reviewed:/
Reviewed by:
Approved: Denied: Reason for
Denial:
If Approved, effective date of INACTIVE Status:/(Entered into records system)
Entered into system by:
IF MULTIPLE OMD FORMS RECEIVED - FILE ALL FORMS TOGETHER

EMS-TR-28 (Revised 01/09)